



CVTC Oral History Narrator Biography Form

Project Name: _____

Narrator's Full Name: _____

Maiden Name (if applicable): _____

Other Names Known By: _____

Birthdate: _____ Place of Birth: _____

Clan/Tribal Affiliation: _____

Contact (Telephone, E-mail Address): _____

Place of Residence (Street Address, City): _____

Occupation: _____

Relevant Biographical Information (as it relates to the goals of the project)

Family (full names, relationship to narrator):

Additional Information Applicable to the Interview:

Completed By: _____

Date: _____